

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 19 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>17005</u>	2. Fiscal Year Covered From:  01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Ruben Aguaca  P.O. Box, Bldg., Room No., if any  Street 2248 Hiu Street  City Honolulu  State Hawaii ZIP Code + 4 96819	4. Name, file number, and address of labor organization.  Name Asbestos Workers AFL-CIO LU 132  Labor Organization File Number 054-642  P.O. Box, Building and Room Number, if any 206  Street 707 Alakea Street  City Honolulu  State Hawaii ZIP Code + 4 96813
5. Position in labor organization.  Executive Board Officer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed <u>Ruben M. Aguaca</u>	On <u>8/13/05</u> Date	<u>808-847-6839</u> Telephone Number

Name of Person Filing <u>Rubeñ Aguada</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Asbestos Workers Of Hawaii Pension Trust</u></p> <p>Trade Name, if any: <u>Pension Trust</u></p> <p>P.O. Box, Bldg., Room No., if any <u>625</u></p> <p>Street <u>677 Ala Moana</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96813-5419</u></p>	<p>9. Business deals with:</p> <p>XX a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Labor Trustee for the AWPension Fund, which is a Taft-Hartly defined contribution benefit plan. Attends quarterly &amp; annual meeting which food, lodging &amp; airfare is provided. To include Educational Conferences to stay inform of all updated or make improvement</p> <p>11.b. Approximate dollar value of such dealing. See attach</p> <p>12.a. Nature of interest held or income received.</p> <p>Educational Conference are to keep abreast with the latest information to make improvement toward member benefits as well as attending quarter &amp; annual meetings.</p> <p>Dinner Meetings - \$323.60</p> <p>Eductional Conf.- \$3,878.60</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>· Ruben Aguada</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Asbestos Workers of Hawaii Supplemental Trust</b></p> <p>Trade Name, if any: <b>Supplemental Pension Trust</b></p> <p>P.O. Box, Bldg., Room No., if any <b>625</b></p> <p>Street <b>677 Ala Moana</b></p> <p>City <b>Honolulu</b></p> <p>State <b>Hawaii</b> ZIP Code + 4 <b>96813-5419</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Labor Trustee for the SPPension Trust, which is a Taft-Hartley benefit Trust. Providing benefits for members. Attends quarter &amp; annual meeting and educational Conference.</p> <p>11.b. Approximate dollar value of such dealing. see attach</p> <p>12.a. Nature of interest held or income received.</p> <p>Educational Conference are to keep abreast with the latest information &amp; laws to make improvement toward member benefits as well as attending quarter and annaul meeting. Food, lodging &amp; airfare is provided and expenses pertaining to business.</p> <p>Meetings-\$185.98 Conference - \$2,101.86</p> <p>12.b. Amount. <b>\$2,287.84</b></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing · Ruben Aguada	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers of Hawaii Health &amp; Welfare Trade Name, if any: Health &amp; Welfare Trust</p> <p>P.O. Box, Bldg., Room No., if any 625</p> <p>Street 677 Ala Moana Blvd.</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96813-5419</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Labor Board of Trustee. Oversees benefits as medical, dental, drug, etc in behalf of the members. Attends quarterly &amp; annual meeting including educational conferences.</p> <p>11.b. Approximate dollar value of such dealing. see attach</p> <p>12.a. Nature of interest held or income received.</p> <p>Interest is in behalf of the members too see that improvements are being made and proper procedures are being followed. Food, lodging &amp; airfare is provided and expenses pertaining to business.</p> <p>Meetings - \$103.28 Conference - \$1,149.00</p> <p>12.b. Amount. \$1,253.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing · Ruben Aguada	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers of Hawaii Supplemental Trade Name, if any: Unemployment Benefits Trust</p> <p>P.O. Box, Bldg., Room No., if any 625</p> <p>Street 677 Ala Moana Blvd.</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96813-5419</p>	<p>9. Business deals with:</p> <p>XX a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. Labor Board of Trustee. to see that contributions received is for the exclusive purpose of providing benefits to Participants and their beneficiaries and de- dray reasonable expenses of administration.</p> <p>11.b. Approximate dollar value of such dealing. See attach</p> <p>12.a. Nature of interest held or income received. Attend quarterly &amp; annual meeting.</p> <p>12.b. Amount. \$9.01</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers Training Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 625</p> <p>Street 677 Ala Moana Blvd.</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96813-5419</p>	<p>9. Business deals with:</p> <p>XX a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Labor Trustee of the Board. To provide Participants in the industry adequate training to be a skilled worker and to defray reasonable expenses of administration cost necessary to obtain employment.</p> <p>11.b. Approximate dollar value of such dealing. <i>See attach</i></p> <p>12.a. Nature of interest held or income received. Attends quarterly &amp; annual meetings.</p> <p>12.b. Amount. \$4.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

ASBESTOS WORKERS	
Information for LM-30	
Union member:	Aguada, Ruben
Fiscal Year:	1/04 - 12/04

MEETINGS				
FUND	DATE	PLACE	PER PERSON	COMMENTS
Pension	3/4/04	Fisherman's	\$29.51	
	5/14/04	Turtle Bay	\$264.07	
	8/11/04	Fisherman's	\$30.02	
	subtotal		\$323.60	
SPF	3/4/04	Fisherman's	\$16.96	
	5/14/04	Turtle Bay	\$151.76	
	8/11/04	Fisherman's	\$17.26	
	subtotal		\$185.98	
H&W	3/4/04	Fisherman's	\$9.42	
	5/14/04	Turtle Bay	\$84.28	
	8/11/04	Fisherman's	\$9.58	
	subtotal		\$103.28	
SUB	3/4/04	Fisherman's	\$0.82	
	5/14/04	Turtle Bay	\$7.35	
	8/11/04	Fisherman's	\$0.84	
	subtotal		\$9.01	
Training	3/4/04	Fisherman's	\$0.34	
	5/14/04	Turtle Bay	\$3.01	
	8/11/04	Fisherman's	\$0.34	
	subtotal		\$3.69	
	<b>TOTAL</b>		\$625.56	

CONFERENCES				
FUND	DATE	PLACE	PER PERSON	COMMENTS
Pension	11/29-12/4/04	50th Annual	\$3,878.60	
	subtotal		\$3,878.60	
SPF	11/29-12/4/04	50th Annual	\$2,101.86	
	subtotal		\$2,101.86	
H&W	11/29-12/4/04	50th Annual	\$1,149.32	
	subtotal		\$1,149.32	
	<b>TOTAL</b>		\$7,129.78	

RECAP			
			\$625.56
	Meetings		
	Conference		\$7,129.78
	<b>TOTAL</b>		\$7,755.34